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ABSTRACT

This booklet provides an overview of the Medicaid Early and Periodic Screening Diagnosis and Treatment program (EPSDT). In five brief sections the origins, operations, concepts, functions, and questions and answers about EPSDT are covered. Section I emphasizes that the EPSDT is a step toward a comprehensive health care system that combines outreach, supportive services, follow-up, and case management services for children of Medicaid-eligible families. A Medicaid EPSDT implementation timeline for the states is provided. Section II covers federal and state responsibilities and program planning and implementation. Section III defines the concepts of the program: early, periodic, screening, diagnosis and treatment. Section IV presents the rationale for the program. An inventory of common EPSDT screening procedures is included. Section V consists of questions and answers about EPSDT. (Author/RH)

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Health Care Financing Administration
United States Department of Health, Education and Welfare

EPSDT: OVERVIEW

U.S. DEPARTMENT OF HEALTH,
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SPECIAL NOTE

Since the Child Health Assessment Act of 1977 (CHAP) is currently pending in Congress, the requirements of this new legislation have been reflected in the final editing of this document.

**OVERVIEW
OF THE MEDICAID
EARLY AND PERIODIC
SCREENING DIAGNOSIS
AND TREATMENT PROGRAM**

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Additional copies of this and other project materials are available from the U.S. Department of Health, Education and Welfare, Health Care Financing Administration, The Medicaid Bureau, Office of Child Health, Washington, D.C. 20201.

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Section II Operating an EPSDT Program

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Section V Questions and Answers about EPSDT

NOTE TO THE READER

Medicaid programs can vary among states. Each state establishes its own criteria of eligibility and defines its own package of services within federal guidelines. This booklet attempts to discuss some of the features of the Medicaid Early and Periodic Screening Diagnosis and Treatment program which are common to all states and to illustrate some variations in their implementation.

Although the term EPSDT is used throughout the booklet, the programs which provide periodic child health screening, diagnosis, and treatment may have different names in different states (e.g. Child Health Assurance Program—CHAP—in New York; Medi-Check in Illinois; Project Health in Michigan, etc.).

INTRODUCTION

The services of EPSDT are intended to identify any physical and/or developmental problems of children and youth in AFDC and some other low income families and to assure the provision of necessary follow through treatment.

State and county employees who have day-to-day contact with people eligible for EPSDT will find that the information in this booklet can help them describe the EPSDT program and answer questions about it. Program supervisors, administrators, physicians, and the general public may also find the booklet of interest. You should use this general overview of EPSDT as a framework within which to understand the details of the particular EPSDT program in your state.

SECTION I

THE ORIGINS OF EPSDT

EPSDT is the child health screening, diagnosis, and treatment component of Medicaid. It provides health service coverage for eligible low income and medically needy persons under the age of twenty-one. When Medicaid was established in 1965, it was assumed that covering the cost of medical care for eligible families would assure that they received adequate care. Subsequent experience has shown that merely financing health services does not guarantee their availability or that they will be used effectively if available. In some cases, increased demand for service has not been met by an increase in the supply of those services. In other cases, people have continued to seek medical care only for health crises, not for preventing health problems. It is, however, important that eligible people effectively utilize Medicaid Services. In order to assure that eligible children and youth benefit from this program, EPSDT provides a series of outreach, follow-up and supportive services to facilitate participation.

In 1967, Congress established EPSDT, a program designed to encourage Medicaid-eligible families to adopt a pattern of preventive health care for their children. Congress authorized federal funds for states that provided health screening, diagnosis, and treatment for eligible children and youth. EPSDT requires states to inform eligible families about the program, provide or arrange for screening, arrange for necessary treatments covered by the state's Medicaid program, and provide supportive services such as transportation to eligible families to facilitate their participation in the program. Failure to meet these requirements can result in a penalty assessed against the state.

Requiring states to ensure that periodic screening, diagnosis, and treatment are furnished for eligible children and youth helps assure them of adequate preventive as well as remedial health care service. As EPSDT has developed, it has grown from a narrowly defined health screening program toward a total health service delivery system for a large segment of the population which has not been receiving adequate health care. Because this service delivery system combines outreach, supportive services, follow-up, and case management services with screening, diagnostic, and treatment services delivered on a periodic basis, it is a significant step toward ensuring that comprehensive health care is provided to eligible children and youth.

MEDICAID EPSDT TIMELINE

NOW

1975

Establishment of penalty regulations which can be assessed against states which do not comply with federal EPSDT regulations

1973

State implementation *REQUIRED* to provide Early and Periodic Screening, Diagnosis, and Treatment for all Medicaid eligibles UNDER 21 YEARS OLD

1972

State implementation *REQUIRED* to provide Early and Periodic Screening, Diagnosis, and Treatment for Medicaid eligibles UNDER 6 YEARS OLD

1967

Medicaid Law *AMENDED* to include Early and Periodic Screening, Diagnosis, and Treatment

1965

Medicaid Law *ENACTED* (Title XIX of the Social Security Act)

SECTION II

OPERATING AN EPSDT PROGRAM

FEDERAL RESPONSIBILITIES

The federal government provides matching funds to the states for setting up and carrying out EPSDT services. It issues guidelines about how EPSDT is to operate and informs the states about changes in EPSDT regulations. If a state is having trouble implementing EPSDT, the federal government can provide technical assistance or can suggest sources of such aid. It also reviews each state's EPSDT program, and in instances where a state is not in accord with the federal regulations for operating an EPSDT program, it may impose penalties on that state.

STATE RESPONSIBILITIES

In each state a specific agency is responsible for EPSDT. This can be the welfare department, the health department, or an independent agency. In order to implement EPSDT, it should ensure that the following tasks are carried out:

- Identification of eligible families and informing them about EPSDT, what it offers, and where and how to obtain its services.
- Provision of transportation to screening and treatment facilities, if necessary, to facilitate access to health care.
- Provision of a complete (detailed) physical and developmental examination on a periodic basis or ensuring that such an examination is provided.
- Referral of children and youth to necessary services if health problems are detected, and provision of needed treatment.

- Explanation of screening procedures, and their outcomes and provision of health education to promote continued participation in the program and good health habits.
- Maintenance of adequate records to facilitate follow up services and continued participation in EPSDT.

ESTABLISHING THE PROGRAM

Each state is responsible for defining a plan for delivering services covered by its EPSDT program and making certain that eligible children receive screening examinations as specified in that plan. In order for EPSDT to be effective, eligible clients must be informed about the program and scheduled for screening examinations. In most states, informing eligibles and scheduling the initial appointment are handled by EPSDT outreach workers. Since EPSDT programs vary from state to state, these may be social service workers, or public health workers. Some outreach workers may work exclusively in the EPSDT program while others may divide their time between EPSDT and other activities. In a few states, the job of informing eligibles is subcontracted to an agency other than the health or welfare department.

PROVIDING SERVICES

Screening, diagnosis, and treatment may be provided by private physicians, clinics, or other health care programs. Again, this depends on the procedure adopted by the particular state. Some states provide screening in public health clinics; others use mobile screening units; elsewhere, private clinics, health maintenance organizations, or physicians in private practice perform screening as well as diagnosis and treatment.

EQUIVALENT EPSDT SERVICES

Some states already have programs which provide services equivalent to those offered by their EPSDT programs. They may wish to consider children or youth who are par-

ticipating in these programs, or who are under the comprehensive care of a physician who provides the equivalent of EPSDT services, to satisfactorily meet the requirements of the EPSDT program. If a state wishes to do this, it must document the fact that "equivalent" services were provided which covered all screening procedures specified in the state's screening package, and other state requirements.

SECTION III

THE CONCEPTS OF EPSDT

E **EARLY**

What is Early? Early participation means that an eligible child is examined as soon after birth as possible and receives a comprehensive assessment of physical and developmental status.

Why early? The purpose of early screening (coupled with diagnosis and treatment) is to improve the chance for effective treatment and thus minimize health problems. The earlier in a child's life that some diseases or abnormalities can be discovered, the more likely it is that, with proper treatment, the child can become healthy or the disability minimized.

Early detection and treatment of health problems have a number of pay-offs:

- They increase the chance for successful treatment.
- They can correct or stop some problems before they get worse.
- They can save money, since some health problems are less expensive to treat in their early stages.
- They may be able to prevent or reduce future dependency and possible hospitalization.
- They make it easier to help a child and family adjust to existing health problems.

P **PERIODIC**

What is Periodic? Periodic means that something is repeated at specific intervals over a period of time. Screening procedures are repeated in order to detect any health problems overlooked in earlier examinations and to discover any new problems. The

period of time between examinations depends on the age of the child and the condition being screened. Because children develop more rapidly in their early years, periodic examinations for health problems are performed more frequently for young children to keep up with their rapid growth and development.

S **SCREENING**

What is Screening? Health screening is the use of quick and simple procedures carried out by screening personnel (who may be trained para-professionals, nurses, or physicians) to identify any physical or developmental problem which needs a more definitive diagnostic examination.

Health screening uses medical and laboratory procedures to gather information about a person's health. If a specific test result falls within the "normal" range no further medical procedures are required. If any test results do not fall within the normal range, the condition is considered positive. Positive screening results identify those conditions which need further diagnosis and are likely to need treatment.

All people who have conditions identified as positive at screening must receive the health services they need. Therefore, the EPSDT program makes sure they are provided with diagnostic and treatment services. It is only through a detailed diagnosis that the "true positives" (health conditions which require treatment) can be distinguished from the "false positives" (health conditions which do not require treatment although screening results indicate an abnormality).

Screening is a relatively inexpensive way to identify health problems in a large number of people, but errors do occur. Some people who are not ill may have positive test results by mistake (false positives); other people who do have health problems may slip through the screen undetected (false negatives). False positives are usually discovered during diagnosis. False negatives are of greater concern since their problems may go undetected until a subsequent screening or until their conditions become so severe that the need for treatment is obvious. The careful use of accurate screening tests can keep false negatives to a minimum.

D **DIAGNOSIS**

What is Diagnosis? Diagnosis is the labeling of health problems. When making a diagnosis, a physician uses health histories, laboratory test results, x-rays, and physical and psychological examinations to help identify health problems. A diagnosis enables a physician to make a plan for treatment specific to the individual patient's problems. Sometimes a preliminary or initial diagnosis is made at the time of screening, but it is important that a health practitioner with appropriate medical expertise make the final diagnosis.

Under certain circumstances, diagnosis and treatment may be provided at the same time and place as screening. In other circumstances, screening may be done separately, but diagnosis and treatment may be provided together during a second appointment. Minimizing the number of appointments will reduce the chance of broken appointments and dropouts.

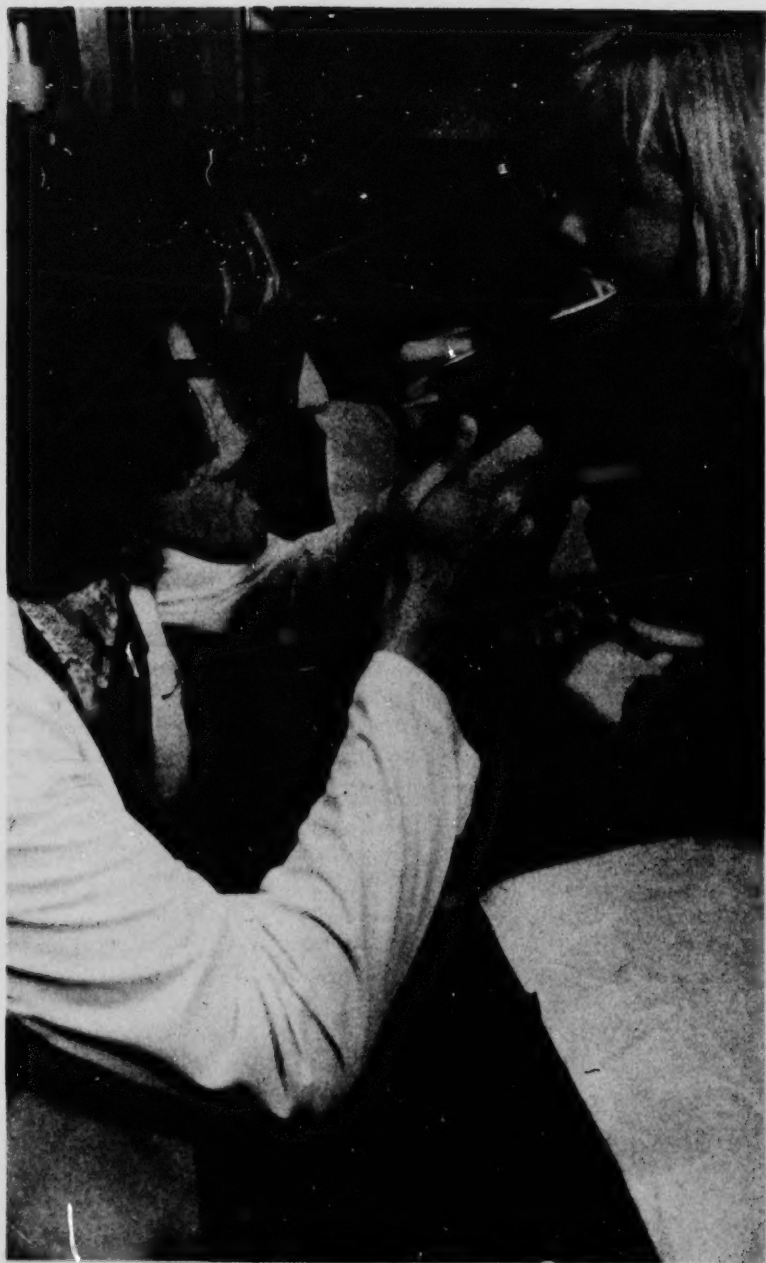
T **TREATMENT**

What is Treatment? Treatment is the use of medical or other services, therapy, corrective devices, or drugs and medicine to prevent, control, minimize, correct, or cure a disease or abnormality. Treatment is the key to an effective EPSDT program since screening and diagnosis are not meaningful unless needed treatment is provided. Treatment may be needed to establish or re-establish normal health, to stop further development of health problems, or to prevent their recurrence.



REVIEW OF WHAT THE LETTERS EPSDT MEAN

- **Early** detection and treatment can maximize the chance of effective treatment and minimize the effects of health problems.
- **Periodic** screening provides a way to check on the growth and development of the child as he or she matures, and allows a trained health worker to detect health problems which occur at different times in a child's life.
- **Screening** is the use of quick tests and brief procedures to detect the early stages of physical and developmental problems. The immediate purpose of screening is to identify persons who probably require diagnosis or further study. The ultimate purpose is to help prevent disease, chronic illness, and disability.
- **Diagnosis** is determining the nature of a health problem so that specific treatment can be planned. It can take place as part of screening or can be done at another time.
- **Treatment** is the key to a successful EPSDT program. It consists of applying medical knowledge and technology to curing, correcting, or alleviating health problems.



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SECTION IV

EPSDT AND THE HEALTH OF CHILDREN AND YOUTH

EPSDT AND LOW INCOME CLIENTS

Without good health, other difficulties of childhood are compounded. While all young people are susceptible to a number of illnesses, children from low income families have more undetected health problems than average, and are also less likely to receive adequate treatment.

The poor have traditionally sought health care more for the *treatment* of illness once it has become serious than for measures to *prevent* illness before it occurs. Health care is expensive and, until recently, health education stressing the value of preventive medicine has not been widespread. Thus, low income families have traditionally put off seeking medical care until problems become serious. In many instances, however, prompt attention or preventive measures could avoid serious difficulties.

HEALTH PROBLEMS

While health care is a life-long need, health problem detection and treatment services are particularly important during childhood, a time when a person is especially susceptible to illness. Significant medical advances have been made over the years to control infectious diseases, once the leading cause of early death in the United States, but adequate health care *must* be obtained. Immunization programs must be kept up or we face the risk of contracting diseases which we already know how to prevent, but for which there is no effective treatment, such as polio.

Today, pollution has become a serious health problem; industrial products such as lead in paint and harmful chemicals in our air and water expose us to poisons which can build up in the human body over time and cause crippling or fatal dis-

eases. The noise of a crowded modern city can affect our hearing, causing serious impairment over time. Some children may have hearing or vision problems which limit their progress in school; other children may have physical or mental problems which deter their growth and development. Since many of these conditions develop more slowly than infectious diseases and can result in health problems years after they first occur, it is important to detect these problems early in a child's life so that the child can receive remedial services or treatment.

EARLY DIAGNOSIS AND TREATMENT

In some ways, the early diagnosis and treatment of disease can be easier than providing health care after problems have developed; in other ways it can be more difficult. It is easier because the health problem may not have developed to crisis proportions, as may be the case when a person recognizes that he or she has the symptoms of an infectious disease. It can be more difficult because it may require a person who does not feel sick to go periodically for a checkup. More often than not, the results of the checkup will be negative: there will be nothing wrong. We all know how easy it is to put off going to a doctor when we feel well, but the effectiveness of an early diagnosis and treatment program is its ability to catch health problems before they make us ill. This means that a person must be examined even when he or she feels all right.

WHAT HEALTH SERVICES DOES EPSDT PROVIDE?

The content of health screening in EPSDT varies from state to state. These variations depend in part on what health problems are generally found in a state and in part on what health services the state covers in its EPSDT program. States are not likely to screen for a condition when payment for the treatment of that condition is not covered by EPSDT. Therefore, it is essential that workers in EPSDT find out about their particular state program. Screening tests also vary for the people being examined. Very young children are examined for different problems than older children. There are some diseases to which some population groups are susceptible and others are not. For example, black people and certain people of Near

Eastern descent are susceptible to sickle cell disease, while white people are not susceptible to this disease and are not screened for it.

The following chart describes some of the procedures commonly carried out in an EPSDT screening. The law requires that all states screen for vision, dental, and hearing problems. Inclusion of other screening procedures varies between states. **If you are a worker in EPSDT, you should be thoroughly familiar with your state's screening examination. Look at the screening form and talk it over with your supervisor. If you use EPSDT, feel free to ask EPSDT workers any questions about the program in your state.**

INVENTORY OF COMMON EPSDT SCREENING PROCEDURES

SCREENING FOR:	PURPOSE:
MEDICAL HISTORY	The medical history is the first step in assessing health status. It provides a profile of a child or youth's previous health care and describes any previous health problems.
PHYSICAL EXAMINATION	The physical examination helps the screening staff discover those diseases and health problems for which no standard screening tests have been developed, including evidence of child abuse and/or neglect. The examination includes a complete head-to-toe inspection, blood pressure, temperature measurement, and observation of movement and coordination.
IMMUNIZATION STATUS Diphtheria, Lockjaw (Tetanus), Polio, Measles (Rubeola), German Measles (Rubella), Mumps, Whooping Cough (Pertussis)	A check on immunization status is done to ensure that every child is protected from preventable diseases at the earliest possible age. If a child has not been immunized or has fallen behind in her/his immunization program, immunization may be provided at the screening visit.
DENTAL DISEASE TREATMENT	Since it can be predicted that almost all children will need dental diagnostic and treatment procedures, a component of dental services is included in EPSDT to assure access to dental care, to establish a permanent dental record, and to refer the child back to the dentist for periodic evaluation and treatment.
EYE PROBLEMS	Eyes are examined to detect visual impairments which could interfere with the development and education of the child.
HEARING	Hearing is checked to identify children who have reduced hearing sufficient to interfere with their social life and educational achievement.

SCREENING FOR:	PURPOSE:
GROWTH ASSESSMENT	Children are measured and weighed to help identify diseases or conditions which interfere with normal growth; for example, undernutrition or neglect.
DEVELOPMENT	Developmental assessment (an appraisal of the child's progress in terms of defined milestones of organic and functional development) is used to identify children who significantly differ from the average in psychological, neurological, emotional, or physical development. When problems are discovered, referral is made to remedial or compensatory services.
TUBERCULIN SENSITIVITY	In populations where tuberculosis is present, a test for tuberculin sensitivity is used to discover tuberculosis infection. Infected children should be treated.
BACTERIURIA	A urine specimen is examined to identify individuals who have urinary tract infections but no symptoms. Undetected urinary tract infections can lead to permanent kidney damage.
ANEMIA	A blood sample is drawn and analyzed to identify iron-deficiency anemia which may result from poor nutritional practices.
LEAD ABSORPTION	Blood lead level is assessed to prevent disability and death from lead poisoning and to alert public health officials so that they can find the source of the lead poisoning.
SICKLE CELL	Sickle cell is a genetic condition of the red blood cells found among black people. A mild form is called sickle cell trait and a severe form is called sickle cell anemia. People with sickle cell anemia are referred for the relief of symptoms. People with sickle cell are given information and counseling to help them make informed decisions about reproduction.

SECTION V

QUESTIONS AND ANSWERS ABOUT EPSDT

Potential clients of EPSDT and other people in the community may ask a number of questions about the EPSDT program. The following questions are most often asked. Can you answer them? The answers are provided in the text and are reviewed on pages 19-20 of this booklet. If you have additional questions about EPSDT, you should ask the EPSDT coordinator in the appropriate department or agency in your state.

QUESTIONS ABOUT EPSDT

- 1) What are the two main goals of EPSDT?
- 2) What are three things that are new about the EPSDT program?
- 3) What are the eight things which must be done in the states in order to provide EPSDT services?
- 4) What are the basic screening services provided by EPSDT?
- 5) What do the letters EPSDT stand for?

ANSWERS TO QUESTIONS ABOUT EPSDT

- 1) (a) To identify problems as early as possible and to maintain the health of low income children.
- (b) To treat physical and development problems.

(If you could not answer this question, refer back to page 1 of this booklet)

- 2) (a) Emphasizes low income children.
- (b) Emphasizes prevention of health problems in addition to treatment.
- (c) Emphasizes health education.

(If you could not answer this question, refer back to pages 2-3 of this booklet)

- 3) (a) Identify available screening and diagnostic facilities;
- (b) Identify eligible children and notify them in writing, if not in person, that screening services are available; and provide information about where and how services may be obtained;
- (c) Make agreements with a variety of health care practitioners to ensure that health care services will be available;
- (d) Provide transportation to screening and treatment facilities, if necessary, to ensure access to health care;
- (e) Provide a complete (detailed) physical and developmental examination on a periodic basis or assure that such an examination is provided;
- (f) Refer children to necessary services if medical problems are detected and provide treatment of all defects (including dental, visual, and hearing);
- (g) Provide screening normally within 60 days after it is requested and initiate necessary treatment normally within 60 days of screening;
- (h) Maintain adequate records on the provision of EPSDT services.

(If you could not answer this question, refer back to pages 5-6 of this booklet)

- 4) (a) Medical History
- (b) Physical Examination
- (c) Immunization Status
- (d) Dental Disease Treatment
- (e) Eye Problems

- (f) Hearing
- (g) Growth Assessment
- (h) Development
- (i) Tuberculin Sensitivity
- (j) Bacteriuria
- (k) Anemia
- (l) Increased Lead Absorption
- (m) Sickle Cell Trait or Anemia

(If you could not answer this question, refer back to pages 16-17 of this booklet)

5) *Early Periodic Screening Diagnosis and Treatment*

(If you could not answer this question, refer back to page 11 of this booklet)

EPSDT Information Booklets and Training Materials

- **EPSDT: Overview**
- **EPSDT: History**
- **EPSDT: Administration**
- **EPSDT: Clients**
- **EPSDT: Child Health**
- **EPSDT: Service Tasks**
- **EPSDT: Orientation Training**
- **EPSDT: Follow-up Training**